

# Committee for Political Action (PAC) Registration Form

FII FD  
APR 9 1996  
Dean Heller  
Secretary of State

State of Nevada

Print or type the following information; complete both sides of this registration form:

**REGISTRATION:** (check one) ☒ New registration ☐ Amended registration (if amended list reason)

**REASON FOR AMENDMENT:** ☐ Change in officers ☐ Change resident agent  
☐ Other \_\_\_\_\_

**NAME OF COMMITTEE:** LIBERTY BELL BROADCASTING SERVICE AND COMMUNICATIONS  
BROADCASTING NETWORK CORPORATION POLITICAL ACTION COMMITTEE.  
P.O. BOX 85962  
**Mailing Address:** LAS VEGAS, NEVADA 89185-0962

City State Zip Telephone

**PURPOSE:** (Briefly state the purpose for which the political action committee was organized.)

To participate in the political process

**RESIDENT AGENT:** (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

**Name of Resident Agent:** DONALD EDWARD A.A.A. FONDRIASOPOLOUS

**Mailing Address:** 1909 East Mesquite Avenue 702/382-8152  
Las Vegas, Nevada // 89101-3309  
City State Zip Telephone

## ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, DONALD EDWARD A.A.A. FONDRIASOPOLOUS, hereby accept appointment as Resident Agent for the  
above named committee for political action.

Signature of Resident Agent

April 5, 1996

Date

RECEIVED  
APR - 9 1996

**OFFICERS:**

(Please list the name, title and address of each officer.)

DONALD EDWARD A.A.A. FONDRIASCOLOUS

**Name****Address**

1909 East Mesquite Avenue

**Title**

Resident Agent/President

**City/State/Zip**

Las Vegas, Nevada 89101-3309

**Name****Address****Title****City/State/Zip****Name****Address****Title****City/State/Zip****Name****Address****Title****City/State/Zip****Name****Address****Title****City/State/Zip****AFFILIATION:** (If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)**Name of Organization:****Address:****Submitted By:**

Name of representative of group

Date

Send Completed Form to:  
**SECRETARY OF STATE**  
**CAPITOL COMPLEX**  
**CARSON CITY, NEVADA 89710**

**PHONE: (702) 687-3176 FAX: (702) 687-6913**